Haringey Children's Community Health Services

Haringey Community Paediatrics Medical Team
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Social Communication and Autism Diagnostic Service
Referral Form: Pre-school Children

The Social Communication and Autism Diagnostic Service in Haringey is a specialist multidisciplinary team that conducts diagnostic assessment for Autism in children up to and including 11 years of age.

To refer a child for an assessment, the referrer should complete this form along with the parent/carer and enclose it with the referral.

The Social Communication and Autism Diagnostic Service are unable to process referrals without this completed form. You may be requested to provide additional information for partially completed forms, which will delay the referral.

Name of child			
Date of Birth			
Address			
Child's Gender			
Child known to Children Services?	Yes □	No □	Not known □
If 'yes' or possibly 'yes', please briefly describe:			
Parent/Carer's Name (s)			
Parent/Carer's Contact Details			
Parent/Carer's Spoken Language			
Is an Interpreter Required?	Yes □	No □	Not known □
GP			
Nursery/Reception School			
Referrer Name			
Referrer Designation/Role			
Referrer Contact Details			
Date Referral Form Completed			

Professionals currently or previously involved:

Name, Profession	Contact details

1. What are the parents' and/or referrer's concerns? Please summarise:

2. At what age or developmental stage did these concerns first become apparent?

3. **Birth and medical history**: Please list any complications to the baby in pregnancy or after birth, previous significant illnesses or known medical conditions.

Family and Social History:

4. Who lives with the child? (Please note all adults and children in the household)

5. Is there family history of autism, ADHD, learning difficulties/ disability or psychiatric disorders? Please describe:

Who? Relationship?	Difficulty/Diagnoses
e.g. child's brother, 'name'	*e.g. Autism Spectrum Disorder*

Early Development:

6. Was there a delay in attaining early developmental milestones (eg: crawling, walking, babbling, saying words, etc)? Please describe:

7. Did he/she lose any skills (regression)? Please describe:

Current Functioning:
Please tick the appropriate answers to the questions below and describe your concerns

8. Spoken Language:	Always or most of the time	Sometimes	Rarely or never	Not known
Does your child use language to communicate with others?				
Is he/she able to request things verbally or by pointing?				
Does he/she place your hands on objects to get something done?				
Can he/she have a to and fro conversation?				
Does he/she talk out of context during a conversation?				
Does he/she repeat what others say (echolalia)?				
Does he/she repeat sets of words or phrases (heard from others, media or stories) frequently?				
Does he/she use appropriate facial expressions when communicating?				
Does he/she use gestures when communicating?				
Please describe your concerns:				

9. Understanding Language:	Always or most	Sometimes	Rarely or never	Not known

	of the time			
Does your child respond to his/her name?				
	Always or most of the time	Sometimes	Rarely or never	Not known
Can he/she follow simple instructions?				
Does your child take things literally?				
Please describe your concerns:				

10. Social Interaction:	Always or most of the time	Sometimes	Rarely or never	Not known
Does your child smile back when others smile?				
Does he/ she have good eye contact when communicating?				
Does he/ she point to show you things of interest to him/ her?				
Does he/ she appear to be in a world of his/ her own?				
Does he/ she interact with you and family members purely for social reason (not for meeting his/ her needs)?				
Does he/ she share enjoyment with the family?				
Is he/ she overfriendly with strangers?				
Does he/ she initiate or join in play with other children?				
Does he/ she share things (not just food) with others without being told?				
Does he/ she take turns while playing with others?				
Does he/ she enjoy social situations like birthday parties?				
Does he/ she reject cuddles from you or family members?				
Is he/ she able to understand others' feelings?				
Does he/ she show concern for others?				
Does he/ she understand personal space?				
Please describe your concerns:				

11. Play and Imagination:	Always or most of the time	Sometimes	Rarely or never	Not known
Does your child play with a variety of toys?				
Does your child engage in pretend play (eg: feeding doll and putting it to bed, making cup of tea, etc)?				
Does your child engage in role play (acting as a person or character eg: as mum, dad, teacher, shopkeeper, superhero, etc)?				
Does your child have an interest in lining up toys/ objects, spinning wheels or examining certain parts of toys?				
Does he/ she tend to repeat the same play activities over and over again?				
Does he/ she have any unusual or obsessive interests (eg: transport, street signs, automatic doors, dolls, animals, dressing up, Lego, technology, etc)?				
What activities/ toys does your child enjoy? Please describe:				

12. Behaviour:	Always or most of the time	Sometimes	Rarely or never	Not known
Is your child insistent on following their own agenda?				
Is your child particular about following any routines?				

Does he/she show emotional distress to change in routines or new experiences/ situations?				
Does he/ she have poor awareness of danger?				
Is he/ she overactive, impulsive or inattentive?				
Does he/ she have odd ways of moving hands, fingers or body (eg: hand flapping, rocking, spinning)?				
Does your child have any behaviour which you find difficult to handle?				
Please describe your concerns:				

13. Sensory Responses:	**Yes**	**No**	**Not known**
Is your child oversensitive to noises, textures (of clothing, food, etc) or smells?			
Does he/she ever seek out sensory experiences such as smelling things, chewing clothes, peering at things up close, etc?			
Does he/ she have any extreme food fads (eating only certain types of food)?			
Please describe:			

14. Have there been any concerns about your child's vision?

Yes / No	**Date of formal testing and outcome:**

15. Have there been any concerns about your child's hearing?

Yes / No	**Date of formal testing and outcome:**

16. Do you have any concerns about his/ her physical skills (running, climbing, jumping, etc) or hand skills (drawing, writing, building)?

Please describe your concerns:

17. Self-Care Skills: Is your child toilet trained? Do you have any concerns about his/her ability to eat or dress independently?

Please describe your concerns:

Thank you for completing this form. Once we receive the referral, it will be discussed in our multidisciplinary meeting following which we will let you know the course of action.